

Tobacco Surveillance Data Brief:

Tobacco Policies in New Jersey High Schools

A joint effort between the NJ Department of Health and Senior Services, Comprehensive Tobacco Control Program (CTCP) and the UMDNJ-School of Public Health, Tobacco Surveillance and Evaluation Research Program (TSERP)

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School Tobacco Policies

New Jersey state law (NJSA 26:3D-17b) requires that schools create and enforce regulations controlling the smoking of tobacco within the school and on school grounds. Interpretation of this law varies between schools. For example, the law does not specify whether students only are prohibited from smoking, or whether the ban extends to faculty and staff as well as to school visitors. Further, only the *smoking* of tobacco is regulated, which leaves smokeless tobacco unregulated on school campuses. Alternatively, the Centers for Disease Control and Prevention's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* recommends that schools adopt 100% tobacco-free policies and defines this type of policy as one that prohibits the use of all tobacco products by everyone (i.e., students, faculty and visitors), in all locations (i.e., indoors, on school grounds, in school vehicles, and at school sponsored events), 24 hours a day (CDC, 1994).

The 2005 New Jersey School Tobacco Policy Survey (NJSTPS) assesses tobacco use policies in high schools throughout the state. Among participating schools, almost all indicated they adopted a policy prohibiting tobacco use (99.2%) as well as reported having a policy that prohibited *cigarette* use by *students* (98.9%). However, less than half of high schools (47.3%) reported a 100% tobacco-free policy. This represents a small, but insignificant, increase from 2002 when 42.2% of high schools were 100% tobacco-free.

Table 1 summarizes tobacco use policies prohibiting tobacco use by everyone. Among types of tobacco products, smokeless tobacco (76.5%) was less likely to be prohibited by schools compared to cigarettes (87.5%), cigars (84.9%) and pipes (84.1%). Smoking at off-campus school events (57.4%) was less likely to be prohibited than smoking on-campus (83.8%).

Table 1: Tobacco policies in NJ high schools that prohibit use by everyone (students, faculty, and visitors), by type of product, time, and location— 2005 NJSTPS

Type of Tobacco Prohibited	
Cigarettes	87.5%
Cigars	84.9%
Pipes	84.1%
Smokeless Tobacco	76.5%
Time	
During School Hours	88.3%
During Non-School Hours	86.7%
Location	
In School Buildings	92.7%
On School Grounds	83.8%
In School Vehicles	89.0%
Off-Campus, School Events	57.4%
100% Tobacco-Free	47.3%

Enforcement of School Tobacco Policies

The 2005 NJSTPS also assessed the type of enforcement or action taken when students and faculty/staff violated school policy. High schools were asked how frequently they enforced actions for students and faculty/staff caught using tobacco. A school policy was considered enforced if a school answered *sometimes* or *always* to enforcing one or more actions against students and faculty/staff caught using tobacco.

In 2005, two thirds of high schools reported enforcement of policies when students (69.1%) or faculty/staff (69.3%) violated school policy. Schools with a 100% tobacco-free policy (74.6%) were more likely to report enforcing the prohibition of tobacco among faculty/staff compared to schools without a 100% tobacco-free policy (64.6%). However, there were no differences in enforcement for students by schools' tobacco-free policy. When students are caught using tobacco, 41.8% of schools required students and 12.1% of schools required faculty and staff to participate in an assistance, education, or cessation program.

Tobacco Cessation Programs

The CDC recommends that schools should support cessation efforts among students and school faculty/staff who use tobacco. Overall, 38.2% of schools reported providing referrals to tobacco cessation programs for their faculty/staff and 60.8% of schools provided such referrals to their students. The American Cancer Society (47.3%) was the most frequently referred tobacco cessation program for faculty and staff while the New Jersey Quitline (23.3%) was the most frequently referred tobacco cessation program for students.

Future Recommendations

School policies that prohibit tobacco use by everyone in all locations send a powerful anti-smoking message to children. Moreover, school tobacco policies that are clearly articulated and consistently enforced can help students decide not to use tobacco (Grimes & Swisher, 1989). The recent enactment of the **New Jersey Smoke-Free Air Act** should prompt schools to reevaluate their school tobacco policies. A comprehensive tobacco-free policy prohibits *all* forms of tobacco use, including smokeless tobacco, in *all* locations including off-campus outdoor events. Existing state mandates are not inclusive of all products or locations but school tobacco policies should address these issues and enforcement. Lastly, with a variety of smoking cessation services available in New Jersey, schools should refer students and staff to these services. Further monitoring of school policies is warranted to detect changes in types of policies implemented and enforcement of existing policies.

References

Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. MMWR, 1994; 43(RR-2);1-18. <http://www.cdc.gov/mmwr/PDF/rr/rr4302.pdf>

Grimes JD, Swisher JD. Educational factors influencing adolescent decision-making regarding use of alcohol and drugs. J Alcohol Drug Educ 1989; 35:1-15.

More information:

The data in this brief are from the New Jersey School Tobacco Policy Survey (NJSTPS). The aim of the NJSTPS was to document the prevalence of 100% tobacco-free policies in New Jersey high schools. During spring 2005, a paper and pencil survey was mailed to all public and private high schools with an enrollment of at least 100 students. A senior-level school administrator, such as a principal or assistant principal, completed the survey. The overall response rate was 93%. The data presented here were from public and private high schools only, excluding vocational or technical high schools. The 2002 NJSTPS data was based on the New Jersey School Health Education Profiles (NJSHEP) administered in spring 2002. Certain data used from the 2002 NJSHEP are included for comparisons, but limitations should be considered when interpreting these numbers.

For more information on the NJSTPS or the data reported in this brief, contact the New Jersey Department of Health and Senior Services at 609-292-4414, or visit their website at <http://www.state.nj.us/health/as/ctcp/index.html>

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